PROVIDER SERVICE SUMMARY						
PROVIDER INFORMATION  Name of Provider:						
Malden R I School District  Mailing Address:  407 County Pood						
407 CountyRoad J	State:			Zip Code:		
Malden Phone Number: Fax	Missouri			63863		
	3-276-5796			len.k12.mo.us		
PRIMARY CONTACT INFORMATION						
Name: Joe Scott		Phone Number: 573-276-235	Phone Number: 573-276-2354			
E-Mail Address						
jscott@malden.k12.mo.us  SERVICES						
Areas to be served by provider:						
☐ All school districts in Missouri						
<ul> <li>☑ Specific districts or counties. Please list:</li> <li>Dunklin, Stoddard and New Madrid County Schools</li> </ul>						
Number of sessions per week: four						
Cost per session: Group \$15 per hour, individual \$35 per hour						
Proposed location of service delivery:						
Student's school site						
│						
If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee? (Note: Districts are not required to provide or pay for transportation).						
No transportation will be provided to students living outside of the Malden R I School District						
Certification of instructors:						
☐ Baccalaureate degree in edu						
or						
☐ Baccalaureate degree in related field of instruction. Please list related field(s):  Certified Teachers						
Additional education and/or experience:						
Masters level degrees or above in either reading or mathematics						
Missouri teacher certificated/licensed teachers						
☐ Experience teaching students with specific disabilities ☐ Experience teaching LEP students						
Ability to speak languages other than English. Please list:						
Tutoring subjects available  ⊠ Reading □ Writing	: ⊠ Math	Grade Lev	els Serve ⊠ 3-5	<b>d:</b> ⊠ 6-8	⊠ 9-12	
Title of tutoring curriculum				<u> </u>	<u> </u>	
Time of Service: Mode of Instructional Delivery:						
☐ Before School		l <u> </u>	I Tutoring			
Weekends		_	On-Line/Web-based			
☐ Other:		☐ Other:				
Specifics of reporting to parents & school (check all that apply):						
Method:		Frequency:				
│		☐ weekly	lv.			
☐ phone calls☐ conference with parents☐		☐ bi-monthly ☐ monthly				
conference with parents & se	chool	☐ monthly ☐ other: bi	-weeklv			
dher: assessment results	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_				